

IDJC Progress Assessment/Reclassification SCORING GUIDE

The Progress Assessment/Reclassification serves as the department's reclassification instrument. The tool measures progress in treatment in several areas resulting in a Program Assessment Total Score. This total score is subtracted from the ICLA Score to indicate reduced or increased risk based upon the progress made or not made in treatment. A negative Progress Assessment total score indicates an increase in risk and when subtracted (subtracting a negative number results in the equivalent of adding the score) from the ICLA Score may help justify the need for a transfer to a more secure level of custody.

A) Program Adjustment

All of the items in this section are to be scored based upon the juvenile's observed and documented behavior during the last two months, as compared to the behavioral descriptions provided.

TO SCORE THE MAXIMUM POINTS ON THESE ITEMS, THE TREATMENT TEAM MUST BELIEVE THAT THE JUVENILE'S OBSERVED PERFORMANCE SUGGESTS HE/SHE HAS MADE THE VALUE AND BELIEF CHANGES NECESSARY TO SUCCEED IN THE COMMUNITY.

1) Program Participation

Refuses to take part in group process; no participation in competency classes; does virtually no work; misleads others in program ----- (-2)

Does not openly resist group process but may do so passively; attends but does not actively engage himself in competency classes; does not obviously mislead or help others in the program----- (-1)

Takes part in the group process sometimes; infrequent or inconsistent participation in competency classes or work lacks consistent effort; often isolated from other residents or may do so in very limited and specific (safe or for staff's benefit) circumstances ----- (0)

Most often does take part in group process; usually participates in competency classes and work is usually thorough and well thought out; offers help to some other residents or in some circumstances----- (+1)

Consistently participates in group process in a positive way and may lead the group in dealing with issues; contributes to competency classes on a consistent basis; offers constructive help to other residents both in and out of staff's immediate view; demonstrates by his/her consistent participation and leadership within the group that he/she has made the changes in values and beliefs that will support a successful return to the community----- (+2)

2) Relationship with Other Residents:

Often characterized by threats, intimidation or assault; frequent isolation (by lack of interaction) from the group or efforts at manipulation to be apart form the group; interactions with group members appear to focus on subgroups and may be directed at fostering alienation from staff and positive group members ----- (-2)

Occasional threats or intimidation; does not openly mislead others but may support group members who do so; may act out impulsively on occasion or in very specific circumstances and toward specific others----- (-1)

Rarely falls back on threats and intimidation to defend his/her position; has begun to accept confrontations (check-ins) without an immediate defensive response; more regularly engaged with group members in activities----- (0)

Shows positive, helping behavior in most situations but may not do so with all residents or in all circumstances; has shown that he/she is capable of using the cognitive and social skills taught in the program to manage difficult situations; rarely isolates from the group and has begun to work to build group cohesiveness ----- (+1)

Consistently offers help to group members and attends to the overall functioning of the group; handles confrontations readily and consistently demonstrates the cognitive and social skills necessary to handle difficult situations and feelings; demonstrates by his/her consistent helpful involvement with other group members and leadership within the group that he/she has made the changes in values and beliefs that will support a successful return to the community----- (+2)

3) Relationship with Staff (Others in Authority):

Often characterized by threats, intimidation or assault; has shown no connection to any staff and seems to seek status in the group by challenging staff direction; appears to act to foster alienation between residents and staff----- (-2)

Occasional threats or intimidation; sometimes easily mislead by others into positions of challenging staff but a key relationship with a staff usually helps to overcome this position; may verbalize hostile feelings toward present or past authority figures but do not immediately act out on these feelings ----- (-1)

Rarely uses threats or intimidation toward staff; has begun to form a trusting relationship with some staff; not easily mislead into confrontations with staff or others in authority; has begun to attend more to the group than to staff, as appropriate, in resolving problems----- (0)

Shows respectful behavior to most staff in most situations, but may not do so with all staff or in all circumstances; has shown that he/she is capable of using the cognitive and social skills taught in the program to manage difficult situations with those in authority; has begun to consider the impact of dealing with authority figures as a part of planning to return to the community ----- (+1)

Consistently respects those in authority; almost always able to apply the cognitive and social skills taught in the program to manage difficult situations with those in authority, particularly those that have been problematic in the past, in the community; has fully considered and planned to deal with authority figures within their Relapse Prevention Plan; demonstrates by his/her consistent respectful acceptance of direction and suggestion from staff, support of appropriate behavior within the group and role modeling of appropriate behavior that he/she has made the changes in values and beliefs that will support a successful return to the community----- (+2)

B) Progress In Treatment

All of the items in this section are to be scored based upon the juvenile's observed behavior/performance during the last two months, as compared to the behavioral descriptions provided.

TO SCORE THE MAXIMUM POINTS ON THESE ITEMS, THE TREATMENT TEAM MUST BELIEVE THAT THE JUVENILE'S OBSERVED PERFORMANCES SUGGEST HE/SHE HAS MADE THE VALUE AND BELIEF CHANGES NECESSARY TO SUCCEED IN THE COMMUNITY.

1) Educational Achievement:

Student has been fully assessed and appropriately placed academically but has refused to make the effort necessary to show progress and he/she is regularly disruptive in the classroom setting----- (-2)

Student has been fully assessed and appropriately placed academically but has made minimal or inconsistent effort, as a result he/she has shown little or no progress ----- (-1)

Student has been fully assessed and appropriately placed academically and has made reasonable effort, as a result he/she has begun to make progress toward overcoming educational deficits----- (0)

Student has made progress toward overcoming educational deficits and has earned some credits toward diploma, GED, or HSE ----- (+1)

Student is performing academically at or near his/her maximum capacity and/or has completed or nearly completed all of the objectives in his/her IEP or Student Learning Plan; student has a firm plan for continuing his/her education in the community or for building upon the education progress made in residential care to pursue higher education or an identified and realistic vocational goal----- (+2)

2) Accountability and Empathy:

Does not accept responsibility for offenses and continues to justify these as well as his/her daily hurting behavior within the group; does not appear to care

about the impact of his/her behavior on others;
generally does not participate in skills classes and does
not apply these skills ----- (-5)

May accept responsibility for offenses and daily
behavior but just as often continues to justify this
behavior and does not acknowledge or discuss the
impact of this behavior on others; may recognize
thinking errors in others but rarely admits his/her own
errors and does not correct them; passive participant in
skills classes and infrequently applies these skills; may
not often act to hurt others but most often does not act
to help or accept help ----- (-3)

Will accept responsibility for offenses and daily
behavior, when it seems to meet his/her purposes but
will also justify this behavior and not acknowledge the
impact of this behavior on others unless prompted to do
so; able to recognize thinking errors himself and others
but does not correct them; participates in skills classes
with prompting and can apply these skills; does not
often act to hurt others but most often does not act to
help and accepts help reluctantly ----- (0)

Accepts some responsibility for offenses and usually for
daily behavior; recognizes some thinking errors and
sometimes corrects them; knows many of the skills
taught in the program and uses them sometimes to help
others, may not apply these skills to him/herself; makes
an effort to apply the help that is offered ----- (+3)

Consistently accepts responsibility for offenses and for
daily behavior; recognizes and corrects thinking errors
and uses the cognitive and social skills taught in the
program; understands the impact of his/her behavior on
others; offers help, listens and accepts help;
demonstrates changed values and beliefs by having a
firm plan to make restitution or to account for the harm
caused his/her victims in the community to the fullest
extent possible and consistent with the intentions of the
victims ----- (+5)

**3) Individual/Family Counseling, Substance Abuse Treatment,
Offense Specific, Gender Specific, Mental Health**
(Score for overall performance in all of the above areas that apply)

Specialized services in one or more of the above areas has been identified in the O&A report but the resident refuses or is unable to participate----- (-5)

Resident may acknowledge the need for specialized services but is not ready to participate in these services; specialized services have been identified and have recently begun without obvious benefit and only minimal effort being put forth as yet----- (-3)

No need for specialized services has been identified for the resident OR goals of the specialized service are unclear for the resident beyond that they are necessary to earn a release from program; resident can identify and discuss the knowledge and skills to be gained from possible participation in the services----- (0)

Resident attends/participates in services offered; treatment goals in the area of special need may not be clear and he/she can't discuss them and therefore may move toward them with uncertainty or inconsistently; resident is gaining knowledge and skills in the special needs area, but may not be able to fully utilize them as yet ----- (+3)

Resident fully and freely participates in services offered to address the special need, resident has clearly identified treatment goals in the area of need, can discuss these, and is moving toward their completion; he/she uses the knowledge and skills provided in the services offered to clearly and specifically progress toward return to the community; juvenile can freely and clearly discuss the relationship between his/her own needs and the changes in values and beliefs associated with meeting those needs in appropriate ways; also has specific plans for follow-up services in the community where these are indicated ----- (+5)

4) Off-Facility Experience Last Two Months:

Due to repeated disciplinary or behavioral issues on the part of the resident, he/she has remained too high a risk to be considered for off-campus activities ----- (-2)

The resident has not earned an opportunity for this privilege----- (-1)

No opportunity earned (or available) for passes or furloughs but a staff supervised visit to the community has been successful----- (0)

Several day passes or work/recreation projects completed without incident or one overnight pass completed successfully----- (+1)

Several overnight passes or furloughs successfully completed ----- (+2)

5) Reintegration Planning:

The resident refuses to even discuss plans for return to the community beyond wanting to “serve his time” to be released; resident appears not to understand his/her responsibility to restore losses to the community and victims; resident seems to make no connection between work done in treatment and return to the community----- (-5)

The resident has begun to acknowledge the harm caused by his/her offenses but has not accepted any responsibility for correcting that harm to the extent possible; resident may have begun exploring patterns in his/her behavior; thoughts and beliefs that contributed to the harm caused but is not yet equipped to identify ways to make the changes necessary to avoid repeating the offending behavior----- (-3)

Work on Relapse Prevention Plan has begun in that some areas of focus have been identified; IDJC’s release or transfer plan in preliminary and work has begun to identify how to meet housing, supervision, and services ----- (0)

Relapse Prevention Plan is being developed, it may not yet include all areas related to treatment needs and may not yet be realistic; IDJC’s release or transfer plan is not yet final but major obstacles are not evident regarding housing, supervision and services ----- (+3)

Relapse Prevention Plan completed, it is closely related to identified treatment needs and includes realistic plans and sources of support; IDJC’s release or transfer plan includes a well developed and prearranged plan for housing, supervision, and necessary services;

juveniles can freely and clearly discuss the patterns of behavior that contributed to his/her offending behavior and knows several strategies to interrupt these patterns if they reappear; juvenile has the skills to apply the interventions ----- (+5)

C) Program Compliance

Documented (Incident Reports/Logs) Major Misconduct

3 or more in the last 2 months ----- (-7)
2 in the last 2 months ----- (-5)
1 in the last 2 months ----- (-2)
None in the last 2 months ----- (0)
None for at least the last 6 months ----- (+1)

Most Serious Incident Documented, Last Two Months

Behavior Characterized by the following examples:

Battery, any assault with injury, any assault on staff, sexual assault, arson, escape (in the last 60 days), use of a weapon ----- (-7)

Defiance associated with an assault or threat of assault, possession of contraband that may be used as a weapon, positive drug screen, significant property damage, any incident report requiring a physical restraint, escape (in last 3-6 months) ----- (-5)

Other acts of failure to cooperate with program which result in a restraint, such as destruction of his/her personal property; self-harm or defiance not associated with a threat to harm others ----- (-2)

No behavioral incidents requiring a formal incident report within the last 2 months, escape (none in the last 6 months) ----- (0)

No behavioral incidents serious enough to be logged by staff within the last 6 months, no escapes for duration of placement ----- (+1)

D) Family Functioning Scoring Guide

There is absolutely no family available. This would include no family of origin, no extended family, no foster family, no kindred care (who the juvenile considers family) ----- (0)

Family refuses any participation in the treatment plan; family may visit regularly but cooperates minimally or not at all in accomplishing treatment goals; family history includes criminality, poor discipline and supervision, low levels of affection or substantiated neglect or abuse; the family may not acknowledge these problems ----- (0)

Family may provide for care of the juvenile following residential treatment or does not oppose alternate care plan; family may visit regularly but is involved in treatment only minimally; family history may include low levels of affection, poor supervision, and some criminality----- (1)

Family is involved in regular visits with the juvenile and works with treatment staff toward supporting the changes made by the juvenile; family history may include poor supervision and discipline or a variety of psychological problems which the family has at least made some effort to address----- (2)

Family is fully supportive of the treatment plan, including taking action to support the juvenile's return to the community; family visits or makes contact regularly and participates regularly in treatment planning and assessment activities; family history may include poor discipline and supervision, low levels of affection or a variety of psychological problems which have been addressed in preparing for the juvenile's return to the home, if that is the plan or in support of his/her alternate care plans ----- (3)